A

101
indi.
200
wi.
語
1
1
( as )
1

ent fin

Please type a plus sign (+) i	· —	US Pat	ent and Trademark Offic	e, U.S. DEPA	/31/2002 OMB 06	51-0032 MERCE
	n Act of 1995, no persons are required to r			EG 910A	valid ONB control	number S
PATENT	APPLICATION NSMITTAL	First In	First Inventor David J. Glass   METHODS OF IDENTIFYING AGENTS AFFECTING			
(Only for new nonprovision	al applications under 37 CFR 1.53(b	)) Express	Mail Label No.	ET712521	657US	<u></u>
l .	TION ELEMENTS  erning utility patent application conte		RESS TO: B	ssistant Com ox Patent Ap /ashington, I		tents 🗖
1. A Calumis are original and a 2. Applicant claims is See 37 CFR 1.27. 3. X Specification (presented arrangement - Descriptive title - Cross Reference - Statement Regis - Reference to se or a computer p - Background of - Brief Summary - Brief Description - Detailed Description - Claim(s) - Abstract of the - Capt from a 4. X Drawing(s) (35 U - Capt from a for continue in 5. Oath or Declaration - Capt from a for continue in 6. Capt from a for continue in 7. DELET Signed standard in 1.83(d)(2)	[Total Pages 49] of the invention to to Related Applications urding Fed sponsored R & D quence listing, a table, rogram listing appendix the Invention of the Invention of the Drawings (if filed) ption	(if. a. [ b. ]	ii. paper Statements veri  ACCOMPANYINC Assignment Pap 37 CFR 3 73(b) (when there is a. English Translat Information Disc Statement (IDS) Preliminary Ame X Return Receipt (Should be spec Certified Copyc (if foreign priorif Nonpublication Nonpublication (b)(2)(B)(i). App or its equivalent	m (Appendix Acid Seque ary) able Form (Coce Listing or Co-R (2) fying identify  APPLIC ers (cover sist Statement in assignee) ion Docume losure //PTO-1449 endment Postcard (Mitigally itemit of Priority Do y to claimed, Request uncilicant must a	control of the contro	TS ((s)) of y of IDS s
	CATION, check appropriate box, and	17.	Power	<u>·of··Attor</u>	ney·····	
Continuation	Divisional Continuation-in-part	(CIP)	of prior application No	60 /273,	174	
Prior application information: Examiner Not: Known Group Art Unit: Not: Known  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation care only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
	19. CORRESP	ONDENCE ADI	ORESS			
Customer Number or Bar Co	ode Label (Insert Customer No. or At	ach bar code label h	or X	Correspon	dence eddress below	
Name	Laura J. Fischer					
	Regeneron Pharmaceu	ticals, Inc				
Address	777 Old Saw Mill Ri		1	<del></del>	<del></del>	
City	Tarrytown	State	New York	Zip C	ode 10591	
Country	United States	Telephone	914-345-7400	Fa	914 <b>-</b> 345	-7721
Name (Print/Type)	Laura J. Fischer	Reg	istration No. (Attorr	ney/Agent)	P-50,420	$\overline{}$

Burden Hour Statement This form is estimated to take 0.2 hours of septices. The property of the Individual case Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displacements.

DOUBLE TO A NOME.		Complete if Known				
FEE TRANSMIT	IAL	Applic	cation Num	nber	NOT YET KNOWN	
for TV 2002			Filing Date		FILED HEREWITH	
for FY 2002		First I	Named Inv	entor	DAVID J. GLASS	
Patent fees are subject to annual revision.		Exam	Examiner Name		NOT YET KNOWN	
Applicant claims small entity status. See 37 CFR	1.27	Grou	p Art Unit		NOT YET KNOWN	
TOTAL AMOUNT OF PAYMENT (\$) 2,89	92.00	Attorr	ney Docke	t No.	REG 910A	
METHOD OF PAYMENT (check all that appl	(M)		F	EE CA	LCULATION (continued)	
		ADDIT	ONAL FE			
Order Order	Note		Small Enti			
X Deposit Account	Fee	e Fee	Fee Fee	_	Fee Description	Fee Paid
Deposit Account 18-0650	1 1	de (\$)	Code (\$)			
Number Deposit Pegganaran Pharmaceuticals	105		205 65		rge - late filing fee or oath	
Account Name Regeneron Pharmaceuticals,	1ng. 127	7 50	227 25	Surcha cover s	rge - late provisional filing fee or heet	
The Commissioner is authorized to: (check all that apply)  X Charge fee(s) indicated below  X Credit any overpage.	139	9 130	139 130	Non-Er	nglish specification	
	147	7 2,520	147 2,520	For file	ng a request for ex parte reexamination	
X Charge any additional fee(s) during the pendency of this a Charge fee(s) indicated below, except for the filing fee	application 112	2 920*	112 920*		sting publication of SIR pnor to ner action	
to the above dentified deposit account	113	3 1,840*	113 1,840*	Reque	sting publication of SIR after	
FEE CALCULATION				Exami	ner action	
1. BASIC FILING FEE	115		215 55		sion for reply within first month ion for reply within second month	
Large Entity   Small Entity Fee Fee   Fee Fee   Fee Description	116		216 200		ion for reply within second month ion for reply within third month	
Code (\$) Code (\$)	e Paid		218 720		ion for reply within fourth month	
101 740 201 370 Utility filing fee	740	8 1,960	228 980			
106 330 206 165 Design filing fee	119		219 160		ion for reply within fifth month of Appeal	
107 510 207 255 Plant filing fee	120		220 160		of Appeal binef in support of an appeal	
108 740 208 370 Reissue filing fee	12		221 140	-	st for oral heaning	
114 160 214 80 Provisional filing fee	131		138 1,510		to institute a public use proceeding	
SUBTOTAL (1) (\$)	740. 14		240 55		to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND RI	EISSUE 14	1 1,280	241 640	Petition	n to revive - unintentional	
Extra Claims below		1,280	242 640	Utility is	ssue fee (or reissue)	
Total Claims 68 -20** = 48 × 18.	864. 14	13 460	243 230		issue fee	——
Independent 15 - 3** = 12 × 84 =	1,008. 14		244 310		ssue fee	
Multiple Dependent 280.	280 12	22 130	122 130	Petitio	ns to the Commissioner	<del></del>
	12:		123 50		sing fee under 37 CFR 1 17(q)	H
Large Entity   Small Entity   Fee Fee   Fee Fee Fee Description	12		126 180		ssion of information Disclosure Stmt	
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	58	31 40	581 40	Record	ding each patent assignment per ty (times number of properties)	
102 84 202 42 Independent claims in excess	ss of 3 14	16 740	246 370	Filing a	a submission after final rejection	
104 280 204 140 Multiple dependent claim, if		49 740	249 370		R § 1.129(a)) ach additional invention to be	<b></b>
109 84 209 42 ** Reissue independent cla over original patent	aims 14	9 /40	249 575	exami	ned (37 CFR § 1 129(b))	
110 18 210 9 ** Reissue claims in excess	s of 20 17	79 740	279 370	Reque	est for Continued Examination (RCE)	<u> </u>
and over original patent	16	69 900	169 900		est for expedited examination esign application	

SUBMITTED BY		Complete (if applicable)
Name (Print/Type)	Laura J. Fischer - / Registration No (Attorney/Agent) P-50,420	Telephone 914-345-7400
Signature	Jaine (Vall	Date 2/28/02

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 2,152.

SUBTOTAL (2)

WARNING: Information on this form may become public. Credit card information should not be included on this form? Provide credit card information and authorization on PTO-2038.

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.